

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

| |
|--------------------------------|
| ACCOUNT BILLED |
| SHAMROCK MINING ASSOCIATES LLC |

| |
|-----------------------------|
| PROJECT NAME |
| BLIND STREAM 5-11-HONEYCOMB |

| |
|------------|
| PROJECT ID |
| S130004 |

| | | |
|------------|------------|------------|
| DUE DATE | ANNUAL FEE | AMOUNT DUE |
| 07/30/2004 | \$ 150 | \$ 150 |

| |
|-----------------------------|
| TAX ID OR SOCIAL SECURITY # |
| |

| |
|--|
| <input type="checkbox"/> FEE NOT ENCLOSED |
| Permittee requests an inspection to close out this permit. |

| | |
|-------------------|--|
| Change of Address | |
| Contact | |
| Address | |
| E-Mail Address | |
| State | |
| Phone | |
| Zip | |

RECEIVED
JUL 28 2004
DIV. OF OIL, GAS & MINING

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Please make check payable to:
Division of Oil, Gas and Mining